

AFW2 Adaptive Sports Program Application

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S. Code Section 1413a; DoD Financial Management Regulation, Volume 7B Chapter 63; and E.O. 9397 (SSN).

PRINCIPAL PURPOSE(S): Used by a military active duty and retirees to submit application to participate in events hosted by the Air Force Wounded Warrior Adaptive Sports Program.

Demographics

Date:

Last:		First:		Middle:	
<input type="checkbox"/> Male	<input type="checkbox"/> Female	Prefer to be called:		DOB:	SS#:
Current Address:					
City:		State:		Zip:	
Email:			Phone:		
Hometown:					
Emergency Contact Name:					
Relationship:			Phone:		

Military Information Service Status (Check all that apply)

☐ Active Duty ☐ Reserve ☐ Air National Guard ☐ Separated ☐ Retired

Approved Separation or Retirement Date (If Applicable):

Base:	Unit/Squadron:
Rank:	AFSC:

VA Center:

AFW2 Non-Medical Care Manager:

Recovery Care Manager:

Medical Information Injury or disability (Please check all that apply)

☐ Upper body impairment
 ☐ Lower body Impairment
 ☐ PTSD
 ☐ TBI
☐ Amputation
 ☐ Hearing Impairment
 ☐ Visual Impairment
 ☐ Joint Replacement
☐ Spinal Cord Injury
 ☐ Other _____

Please specify disability (i.e. above knee; below elbow; Percentage of use in arms, legs, right & left side; C3I: ETC

Information is for coach and staff use only and will not be shared. It is important for classification of athletes as well as sports selection and athlete placement

Date of Disability: _____ Are you still being treated? ☐ No ☐ Yes

Is your disability due to being: ☐ Wounded ☐ Injured ☐ Illness

Height: _____ Weight: _____

Are you currently rehabilitating at an Air Force Patient Squadron? ☐ YES ☐ NO

If yes, please list which one: _____

VA Approved Non-Medical Attendant

Do you require a non-medical attendant? ☐ No ☐ Yes (If yes, fill in attendant information)

Name: _____ Relationship: _____

Address: _____ City: _____ State: _____ ZIP: _____

SSN: _____ Phone: _____ Email: _____

Housing Requirements

Do you use assistive devices? ☐ No ☐ Manual WC ☐ Power WC ☐ Walker/Crutches

☐ Prosthetic (Upper) ☐ Prosthetic (Lower)

Do you need assistance transferring? ☐ No ☐ Yes

Do you require an accessible/ADA room? ☐ No ☐ Yes

Do you need a shower chair? ☐ No ☐ Yes

Do you need a roll-in shower? ☐ No ☐ Yes

Do you travel with a service dog? ☐ No ☐ Yes If so, what is its name? _____

Uniform Sizes

T-Shirt: ☐ Small ☐ Medium ☐ Large ☐ X-Large ☐ XX Large ☐ 3X Large ☐ 4X Large

Shorts: ☐ Small ☐ Medium ☐ Large ☐ X-Large ☐ XX Large ☐ 3X Large ☐ 4X Large

Warm up: ☐ Small ☐ Medium ☐ Large ☐ X-Large ☐ XX Large ☐ 3X Large ☐ 4X Large

Defense Travel System (DTS) – Required to fund travel

Bank Account #: _____

Bank Routing #: _____

Travel Information

Preferred Airport: _____ Alternate Airport: _____

Travel Time from Home to Airport: _____ Hours _____ Minutes

Special Travel Requirements: ☐ Wheelchair ☐ Service Dog ☐ Adapted Sports Equipment

If you have sports equipment, please list what you will be bringing:

☐ Other special travel needs _____

Sports Interests

Check all events you have interest participating in

Track: ☐ 100M ☐ 200M ☐ 400M ☐ 1500M

Field: ☐ Standing Shot ☐ Sitting Shot ☐ Standing Discus ☐ Sitting Discus

Swimming: ☐ 50M Free ☐ 100M Free ☐ 50M Backstroke ☐ 100M Backstroke

Cycling: ☐ Upright ☐ Recumbent ☐ Hand cycle

Shooting: ☐ Air Rifle ☐ Air Pistol

Archery: ☐ Recurve ☐ Compound

Team Events: ☐ Basketball ☐ Volleyball